

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>		01/24/01
O.I.P.E. CLASSIFIER	<i>[Signature]</i>	503	09-29-01
FORMALITY REVIEW	<i>[Signature]</i>	503	10-17-01

Response

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final Original	
1	✓
2	✓
3	✓
4	✓
5	✓
6	✓
7	✓
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9	✓
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12	✓
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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Best Available

Jc 811  
 10/17/01  
 Jc 816  
 12/13/01